

**APPLICATION DATA SHEET****Application Information**

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title :: USE OF THIOL-BASED COMPOSITIONS IN  
TREATING CHEMOTHERAPEUTIC AGENT-  
INDUCED THROMBOCYTOPENIA  
Attorney Docket Number:: 720109.404  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 2  
Small Entity?:: Yes  
Petition included?:: No  
Petition Type::  
Licensed U.S. Gov't Agency:: National Institutes of Health  
Contract or Grant No:: R01 NS44697 and NS33618  
Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full capacity  
Given Name:: Edward  
Middle Name:: A  
Family Name:: Neuwelt  
Name Suffix::  
City of Residence:: Portland  
State or Province of Residence:: Oregon  
Country of Residence:: US  
Street of mailing address:: 4246 SW McDonnel Terrace  
City of mailing address:: Portland  
State or Province of mailing address:: OR  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 97201

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Nancy  
Middle Name:: D  
Family Name:: Doolittle  
Name Suffix::  
City of Residence:: Portland  
State or Province of Residence:: OR  
Country of Residence:: US  
Street of mailing address::

City of mailing address:: Portland  
State or Province of mailing address:: OR  
Country of mailing address:: US  
Postal or Zip Code of mailing address::

### Third Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full capacity  
Given Name:: Leslie  
Middle Name:: L  
Family Name:: Muldoon  
Name Suffix::  
City of Residence:: Tigard  
State or Province of Residence:: OR  
Country of Residence:: US  
Street of mailing address:: 11155 SW 81ST Avenue  
City of mailing address:: Tigard  
State or Province of mailing address:: OR  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 97223

### Correspondence Information

Correspondence Customer Number :: **00500**

### Representative Information

|                                  |  |              |
|----------------------------------|--|--------------|
| Representative Customer Number:: |  | <b>00500</b> |
|----------------------------------|--|--------------|

**Domestic Priority Information**

| Application ::   | Continuity Type::   | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This application | Non-provisional claiming the benefit under 35 USC 119(e) of | 60/423,349           | 10/31/02             |
|                  |   |                      |                      |

**Foreign Priority Information**

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      |               |                    |
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|           |                      |               |                    |

**Assignee Information**

|   |                                    |
|---|------------------------------------|
| Assignee name::                         | Oregon Health & Science University |
| Street of mailing address::             | 2525 SW 1st Avenue, Suite 120      |
| City of mailing address::               | Portland                           |
| State or Province of mailing address::  | OR                                 |
| Country of mailing address::            | US                                 |
| Postal or Zip Code of mailing address:: | 97201                              |

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